

Case Number:	CM15-0048446		
Date Assigned:	03/23/2015	Date of Injury:	04/13/2000
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female, who sustained an industrial injury on April 13, 2000. The injured worker had reported neck, left shoulder, low back and left wrist and hand pain. The diagnoses have included myalgia and myositis unspecified, brachial neuritis, disorder of the back, left upper extremity radiculopathy, thoracic radiculopathy, displacement of cervical intervertebral disc without myelopathy, cervical post-laminectomy syndrome, cervicgia, lumbosacral neuritis and depressive disorder. Treatment to date has included pain medications, psychological evaluations, physical therapy, a transcutaneous electrical nerve stimulation unit, cervical laminectomy and Urine Drug Screening. Current documentation dated January 20, 2015 notes that the injured worker reported worsening pain in the cervical spine, left shoulder and left upper extremity and ongoing low back pain. She also reported increasing right upper extremity pain related to compensating for the left upper extremity pain. Physical examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. Thoracic spine examination revealed tenderness to palpation and spasms. No trigger points were noted. The injured workers biceps reflex and brachioradialis reflexes were diminished on the left. The treating physician's plan of care included a request for a retrospective Urine Drug Screen to monitor compliance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for comprehensive urine drug screen (DOS: 9/29/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 43.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioid steps to avoid misuse/addiction. Per review of the clinical documentation provided, this patient had psychiatric issues and was undergoing formal evaluations. She was also noted, on prior drug screens, to have had issues with taking non-prescribed medications. Some of these medications were noted to have habit forming properties, such as Xanax and Some. Frequent drug testing would be indicated.